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FORM D

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

QMB Number: Expires: Estimated average burden hours per response. . . . . 16.00

OMB APPROVAL

NOTICE OF SALE OF SECURITIES DEC 1 8 2006 がどRSUANT TO REGULATION D, **SECTION 4(6), AND/OR** 

SEC USE ONLY DATE RECEIVED

FORM LIMITED OFFERING EXEMPTION Name of Offering an amendment and name has changed, and indicate change.) Common Stock Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer ( check if this is an amendment and name has changed, and indicate change.) Hawaii Oceanic Technology, Incorporated Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 425 South St, Suite 2902, Honolulu, Hawaii 96813 808.528.4751 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) **Brief Description of Business** Aquaculture PROCESSE Type of Business Organization corporation limited partnership, already formed other (please specify): business trust limited partnership, to be formed Month Year Actual or Estimated Date of Incorporation or Organization: 016 Actual | Estimated 0 6 THOMSON Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: FINANCIAL CN for Canada; FN for other foreign jurisdiction)

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

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When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)

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### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Spencer, William A. Business or Residence Address (Number and Street, City, State, Zip Code) 425 South St., Suite 2902, Honolulu, Hawaii 96813 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Troy, Paul J. Business or Residence Address (Number and Street, City, State, Zip Code) 425 South St., Suite 2902, Honolulu, Hawaii 96813 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Cede)

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The second secon				B. II	NFORMAT	ION ABOU	T OFFERI	NG			en grande en	
1 Hag th		t andaast			II to			this offer	in a ?		Yes	No
1. Has the	e issuer solo	i, or does ti			n, to non-a Appendix				•	***************************************		<b>X</b>
2. What i	s the minim	um investn					=				\$ 1,000.00	
2. What is the minimum investment that will be accepted from any individual?										Yes	No	
3. Does t	B. Does the offering permit joint ownership of a single unit?											X
commi If a per or state	he informat ssion or sim son to be lis es, list the na er or dealer	ilar remune ted is an as: ime of the b	ration for s sociated pe roker or de	solicitation erson or age ealer. If mo	of purchase ent of a brok ore than five	ers in conne cer or deale e (5) persoi	ection with r registered ns to be list	sales of sec I with the S ed are asso	curities in t EC and/or	he offering. with a state		
Full Name	(Last name	first, if ind	ividual)									
Business or	Residence	Address (N	lumber and	d Street. C	itv. State. Z	Lip Code)						·····
		(-				,						
Name of As	sociated Bi	oker or De	aler									
States in W	hich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Check	"All States	or check	individual	l States)							☐ Al	States
AL	ĀK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ĪD
IL	IN	ĪĀ	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM)	NY	NC	ND	OH	OK	OR	PA
RI	SC	SD	TN	TX	[UT]	VT	VA	WA	WV	WI	WY	PR
Full Name	(Last name	first, if ind	ividual)									
Business o	r Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						·
				, ,						<u> </u>		·
Name of As	sociated Br	oker or De	aler									
States in W	hich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers						<u> </u>
(Check	"All States	" or check	individual	States)	***************************************						☐ Al	States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE OC	NV	NH	NJ	NM	NY	· NC	ND	OH	OK.	OR	PA
RI	<u>SC</u>	SD	TN	TX	UT	VT	(VA)	WA	WV	WI	WY	PR
Full Name	(Last name	first, if ind	ividual)									
Business o	r Residence	Address (1	Number an	ıd Street, C	ity, State,	Zip Code)	<u></u>	<del></del>		<del></del> -		
Name of As	sociated Br	oker or De	aler		·			•				:
-												
States in W												,
(Check	"All States	or check	ındividual	States)			•••••••		•••••		☐ AI	States
AL	AK	ΑŹ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL MT	IN NE	IA NV	[KS] [NH]	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

\$

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \top and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Aggregate Type of Security Offering Price Sold Debt \_\_\_\_\_\_\$ Equity ......\$ 2,000.00 2,000.00 Common Preferred Other (Specify ) ......\$ Total \_\_\_\_\_\_\_\_\$ 2,000.00 s 2,000.00 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases \$ 2,000.00 Non-accredited Investors ..... Total (for filings under Rule 504 only) ..... Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. Type of Dollar Amount Type of Offering Security Sold \$ 0.00 Rule 505 ..... Regulation A ..... Rule 504 ..... \$ 0.00 Total ..... Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is

not known, furnish an estimate and check the box to the left of the estimate. 0.00 Transfer Agent's Fees 0.00 Printing and Engraving Costs.... \$ 0.00 Legal Fees..... \$ 0.00 Accounting Fees 0.00 Engineering Fees ..... \$ § 0.00 Sales Commissions (specify finders' fees separately)..... 0.00 Other Expenses (identify) \$ 0.00 Total ..... \$

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	b. Enter the difference between the aggregate offering price girand total expenses furnished in response to Part C — Question 4. proceeds to the issuer."	a. This difference is the "adjusted gross		\$
i.	Indicate below the amount of the adjusted gross proceed to the each of the purposes shown. If the amount for any purpose check the box to the left of the estimate. The total of the payment proceeds to the issuer set forth in response to Part C — Ques	is not known, furnish an estimate and nts listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		<b></b>	<b>\$</b>
	Purchase of real estate			<b>S</b>
	Purchase, rental or leasing and installation of machinery and equipment			
	Construction or leasing of plant buildings and facilities	_		
	Acquisition of other businesses (including the value of secur offering that may be used in exchange for the assets or secur issuer pursuant to a merger)	ities of another		_
	Repayment of indebtedness		<b>\$</b>	<b>\$</b>
	Working capital			\$2,000.00
	Other (specify):	_	_	_
			_	_
			<b></b>	<b>\$</b>
	Column Totals		s_0.00	\$ 2,000.00
	Total Payments Listed (column totals added)		☐ \$ <u></u> \$	00.00
	D. FÉD	ERAL SIGNATURE	trije i programa i pro	din libus Militar (1994) Sa iyanayo (1994)
igı	e issuer has duly caused this notice to be signed by the undersigned nature constitutes an undertaking by the issuer to furnish to the information furnished by the issuer to any non-accredited investigation.	U.S. Securities and Exchange Commiss	sion, upon writter	n request of its staff
ssı	ner (Print or Type) Signature		Pate	
Нa	waii Oceanic Technology, Incorporated	an Coffence 1	December 13	, 2006
laı	ne of Signer (Print or Type) Title of S	igner (Print or Type)		
/ill	iam A. Spencer President	1		

- ATTENTION -

# 1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Yes No provisions of such rule?

See Appendix, Column 5, for state response.

E STATESICNATURE

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Hawaii Oceanic Technology, Incorporated	Mafin a Samo	December 13 , 2006
Name (Print or Type)	Title (Print or Type)	
William A. Spencer	President	

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				) I I A	PENDIX			digita and Indiana. Military and an angle of the Military and an angle of the state	
1	Type of security and aggregate offering price investors in State (Part B-Item 1)  Type of security and aggregate offering price offering price offered in state (Part C-Item 1)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ								·	
AR									
CA									
СО									
СТ									
DE									
DC									
FL									
GA									
HI		×	Common, \$2,000	2	\$2,000.00				
ID									
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD									
MA									
MI				<u></u>					
MN									
MS						ı			

	4			APP	ENDIX.	• • • • • • • • • • • • • • • • • • •			•		
1	Intend to non-a investor	1 to sell accredited as in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	4  Type of investor and amount purchased in State  (Part C-Item 2)					5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
МО											
МТ											
NE											
NV											
NH											
NJ											
NM											
NY											
NC					п						
ND											
ОН											
ок			,								
OR											
PA							·				
RI			_								
SC								and the state of t			
SD											
TN											
TX											
UT											
VT											
VA											
WA											
wv											
WI											

	19 18 2000	r indi more sequen		APP	ENDIX						
1	2		3	4					5 Disqualification		
	Intend to sell to non-accredited investors in State (Part B-Item 1)  Type of security and aggregate offering price offered in state (Part C-Item 1)			Type of investor and amount purchased in State (Part C-Item 2)					under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
WY											
PR											